

Applicant Initiated Interview Request Form

Application No.: 10/518,201

First Named Applicant: Wei T. Huang

Examiner: Tae H. Yoon

Art Unit: 1796

Status of Application: Pending

Tentative Participants:

(1) Tae H. Yoon

(2) Sandra P. Thompson

(3)

(4)

Proposed Date of Interview: _____

Proposed Time: _____ (AM/PM)

Type of Interview Requested:

(1) ☒ Telephonic(2) ☐ Personal(3) ☐ Video ConferenceExhibit To Be Shown or Demonstrated: ☐ YES☐ NO

If yes, provide brief description: _____

Issues To Be Discussed

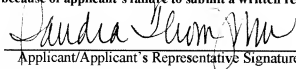
Issues (Rej., Obj., etc)	Claims/ Fig. #s	Prior Art	Discussed	Agreed	Not Agreed
(1) Rej. _____	18-20,24-27	5965319	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Rej. _____	30-36,42	5965319	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Rej. _____	47-49,51-56	5965319	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) Rej. _____	18-22,24-27	6165676	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☒ Continuation Sheet Attached☐ Proposed Amendment or Arguments Attached

Brief Description of Arguments to be Presented: _____

An interview was conducted on the above-identified application on _____

NOTE: This form should be completed and filed by applicant in advance of the interview (see MPEP § 713.01). If this form is signed by a registered practitioner not of record, the Office will accept this as an indication that he or she is authorized to conduct an interview on behalf of the principal (37 CFR 1.32(a)(3)) pursuant to 37 CFR 1.34. This is not a power of attorney to any above named practitioner. See the Instruction Sheet for this form, which is incorporated by reference. By signing this form, applicant or practitioner is certifying that he or she has read the Instruction Sheet. After the interview is conducted, applicant is advised to file a statement of the substance of this interview (37 CFR 1.133(b)) as soon as possible. This application will not be delayed from issue because of applicant's failure to submit a written record of this interview.



Applicant/Applicant's Representative Signature

Sandra P. Thompson

Examiner/SPE Signature

Typed/Printed Name of Applicant or Representative

46,264

Registration Number, if applicable

This collection of information is required by 37 CFR 1.133. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 24 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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Examiner: Tae H. Yoon

Art Unit: 1796

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Tentative Participants:

(1) Tae H. Yoon

(2) Sandra P. Thompson

(3)

(4)

Proposed Date of Interview:

Proposed Time: (AM/PM)

Type of Interview Requested:

(1) [x] Telephonic

(2) [] Personal

(3) [] Video Conference

Exhibit To Be Shown or Demonstrated: [] YES

[] NO

If yes, provide brief description:

Issues To Be Discussed

Issues (Rej., Obj., etc)	Claims/ Fig. #s	Prior Art	Discussed	Agreed	Not Agreed
(1) Rej.	30-36,41-42	6165676	[]	[]	[]
(2) Rej.	47-49,51-56	6165676	[]	[]	[]
(3) Rej.	76-77	6165676	[]	[]	[]
(4) Rej.	18-22,24-25	6808857	[]	[]	[]

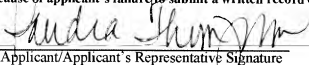
[x] Continuation Sheet Attached

[] Proposed Amendment or Arguments Attached

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Proposed Date of Interview: _____

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Issues To Be Discussed

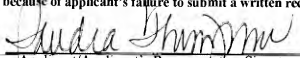
Issues (Rej., Obj., etc)	Claims/ Fig. #s	Prior Art	Discussed	Agreed	Not Agreed
(1) Rej. _____	36,41-42	6808857	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Rej. _____	47-49,51-52	6808857	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Rej. _____	76-77	6808857	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) Rej. _____	18-21,24-25	5858547	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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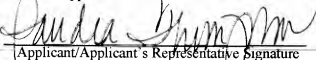
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(1) <u>Rej.</u>	<u>36,41-42</u>	<u>5858547</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) <u>Rej.</u>	<u>47-49,51-52</u>	<u>5858547</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) <u>Rej.</u>	<u>76-77</u>	<u>5858547</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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